PROGRESS SHEET - APPLICATION FOR CHANGE/TRANSFER

NIAME, Olifed	SUB	JECT TO REA	L ESTATE I	EXCISE TAX	? YES \(\) NO \(\)	
NAME: Cliff Sears Grant County PUD 2 PO Box 878 Ephrata, WA 98823			Copies scanned & e-mailed to Department of Revenue: Date:			
			PHONE: (509) 754-66	12		Chg.
ASSIGNED (SEE I	BACK OF PAGE)					
APP. NO.	PERMIT NO.	CERT. NO		CERT. OF CI	HANGE NO(S)	
22135	S3-00465	S3-	00465C			
KITTITAS/GRANT COUNTY WRIA GRAN-11-17		40 & 41		WRTS No. 0 ID No. 4		
PURPOSE OF APPLIC	CATION: Change P	urpose, POD,	Add 8 wells	Super se s, Place	eding: 5239395	
Date Application receiv	red: Aug. 29, 2011	Date fee received:		Amount: \$N/A		
Statement of addition	onal exam sent:	Date fee received: _			Amount: \$	
		ped by: Processel		Received:		
	Application map	ped by:		date:		
PUBLICATION: GCW	VCB	Newspaper:				
OK'd by:			Date No	tice Sent		
Date Affidavit recei	ved:		Time ex	pires:		
Checked by:						
Protests:			Fee r	cvd		
SEPA REQUIRED: Checklist requested	NO - EXEMPT by:	date:	note:			
Checklist fwd to SE	PA project manager l	oy:	date:			
FIELD EXAMINATIO	N REQUIRED:	YES	□ NO			
	TribQondb.					
	ed by:					
					ext:	
CC due:					ext:	
PA due:					ext:	
PA FIELD EXAMINA	ATION REQUIRED	- DATE:		BY:		
Chg-ROE map o						
*Statement of Fee S						
*Cert. Of Change O						
Date CHANGE ROE IS		No.	uper.	Cert. I 55 uce		
		·				
Change/T	ransfer to be pro	cessed by Gra	ant County	Water Con	servancy Board	
ROD received: 45 day review period ends:		eriod ends:	Review Period	d Extended to:	Ecy Decision Mailed:	
12-27-11 2-10-1		2			2-8-2012	
Date mailed to interes	ted parties:					
WDFW	_ State DOH _		County DOH Tribe			
\square W ² FO	EhrataFO		Other			
Note	the original	Castic :	COA			
10016	J. J.	Cel 1 13 /1	n CRU			

ASSIGNMENT INFO:

SUBJECT TO REAL ESTATE EXCISE TAX

Assignment received:	Assignment approved:		
Assignee:	Submitted to Department of Revenue		
Address:	Date:		
Phone #•	Initial:		
Mailed assignee copy of current App/ROE date:			
Assignment received:	Assignment approved:		
Assignee:	Submitted to Department of Revenue		
Address:	Date:		
	Initial:		
Mailed assignee copy of current App/ROE date:	Interest.		
Assignment received:	Assignment approved:		
Assignee:	Submitted to Department of Revenue		
Address:	Date:		
D1 H.	Initial:		
Mailed assignee copy of current App/ROE date:			
Assignment received:	Assignment approved:		
Assignee:	Submitted to Department of Revenue		
	Date:		
Address:			
Mailed assignee copy of current App/ROE date:	Initial:		
Assignment received:	Assignment approved:		
Assignee:	Submitted to Department of Revenue		
Address:	Date:		
Phone #:			
Mailed assignee copy of current App/ROE date:	Initial:		
Assignment received:	Assignment approved:		
Assignee:	Submitted to Department of Revenue		
Address:	Data		
Phone #:	Initial:		
Mailed assignee copy of current App/ROE date:			
Assignment received:	Assignment approved:		
Assignee:	Submitted to Department of Revenue		
Address:			
Phone #:			
Mailed assignee copy of current App/ROE date:	mitial.		